

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Inactive status to Inactive status Optometry License Renewal

Your inactive optometry license in the state of Indiana expires on April 1, 2014. To continue inactive status, please complete this document in its entirety and submit it with the fee of \$84.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after April 1, 2014 you must include a \$50 late fee. Allow at least 4 weeks for processing. If you answer 'Yes' to any question below, send a detailed statement regarding the response with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name		License Number	Expiration Date
Renewal Fee			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any healthcare license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana Optometry Board statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Optometry Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date